



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 5440

SERIAL NUMBER 10/808,347	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. 1240-24
-----------------------------	--	--------------	------------------------	-----------------------------------

## APPLICANTS

David A. Krantz, Bayside, NY;  
 Francesco Orlandi, Palermo, ITALY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/490,540 07/29/2003 and claims benefit of 60/493,442 08/08/2003 *AA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED. \*\* SMALL ENTITY \*\*  
 \*\* 06/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>[Signature]</i> <i>2/17/07</i> Initials
STATE OR COUNTRY	NY
SHEETS DRAWING	12
TOTAL CLAIMS	26
INDEPENDENT CLAIMS	3

## ADDRESS

DANIEL P. BURKE, ESQ.  
 DANIEL P. BURKE & ASSOCIATES, PLLC  
 300 Rabro Drive, Suite 131  
 Hauppauge, NY 11788

## TITLE

SYSTEM AND METHOD FOR UTILIZING SHAPE ANALYSIS TO ASSESS FETAL ABNORMALITY

FILING FEE RECEIVED 504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
----------------------------	---	---